



PRESCRIBING RESTRICTIONS

Your Final Order will outline the specifics of your prescribing restrictions. Please be advised that you are responsible to prescribe in accordance with the restrictions outlined in the Final Order.

To receive approval of your proposed prescription form (sequentially pre-numbered duplicate or triplicate forms):

1. Submit a written request for approval
2. Submit a voided sample prescription form

This information will be submitted to the Committee/Board for approval

At the onset of your probation/obligations, you will be contacted by a Department Investigator. One copy of the prescriptions written by you during the period of your probation/obligations must be submitted to your assigned Department Investigator on a monthly basis (unless otherwise specified in the Final Order).

Please send your voided sample prescription form to the following address and include your name, license number, and case number:

**Department of Health
Compliance Management Unit
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32399**